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University Hospitals
Coventry and Warwickshire
NHS Trust

Delivering patient safety *and* flow

Patient *and* hospital status at a glance

Ross Palmer - Associate Director of Nursing

Jo Dalman - Clinical Transformation Manager

UHCW

As one of the largest organisations of its type in the UK, the Trust has 1,337 beds, around 5,500 staff with a budget of over £280 million a year

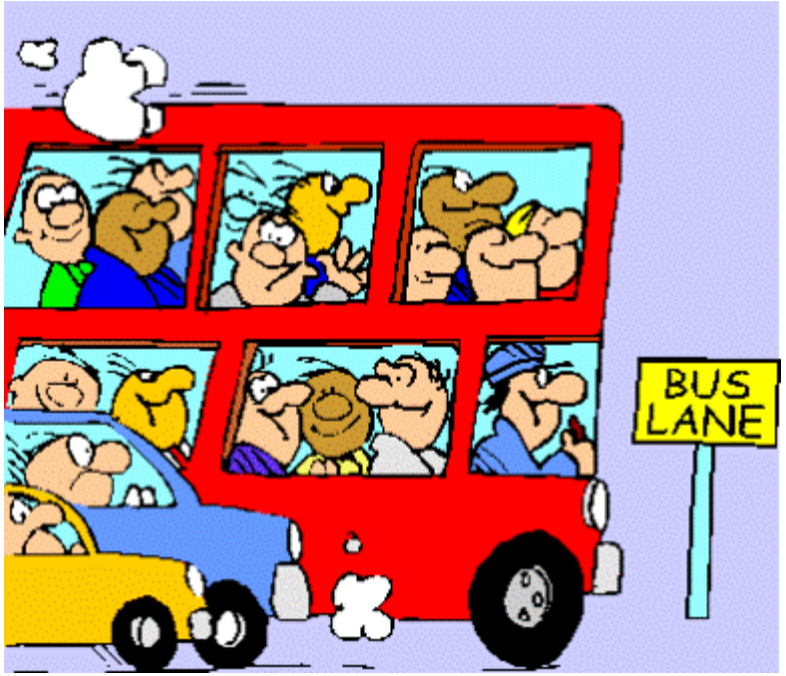
The Trust is the major tertiary acute Trust for Coventry, Warwickshire and further afield for several key services such as cardiac surgery, renal transplant and major trauma

Average daily attendances in the Emergency department is now over 550 and there are close to 10,000 patients across the various specialities on elective pathways

What does this mean?

- All NHS services including ours are a costly and finite resource
- Bed occupancy levels are now reaching highs of over 98%
- ‘1 out - 1 in’
- Length of stay reduced across most pathways – ‘no waste days’ (SODA)
- Admission avoidance, ambulatory pathways and community care coupled with increasing specialisation, new technologies and higher interventions ‘concentrates’ the ‘sickest’ patients

We are full !...We need flow!



What is the impact on emergency flow?

- Increasing numbers of ‘4 hour breaches’
- Use of ED corridor
- Opening of ‘extra capacity’
- ‘Good’ performance overshadowed by poor ED performance
- Everyone’s attention on ‘front door’

Focus and effort needed to shift to ‘Backdoor’

I was told 'Discharges just happen'

- There is an increasing number of service provisions both to look after people at home or provide institutional care

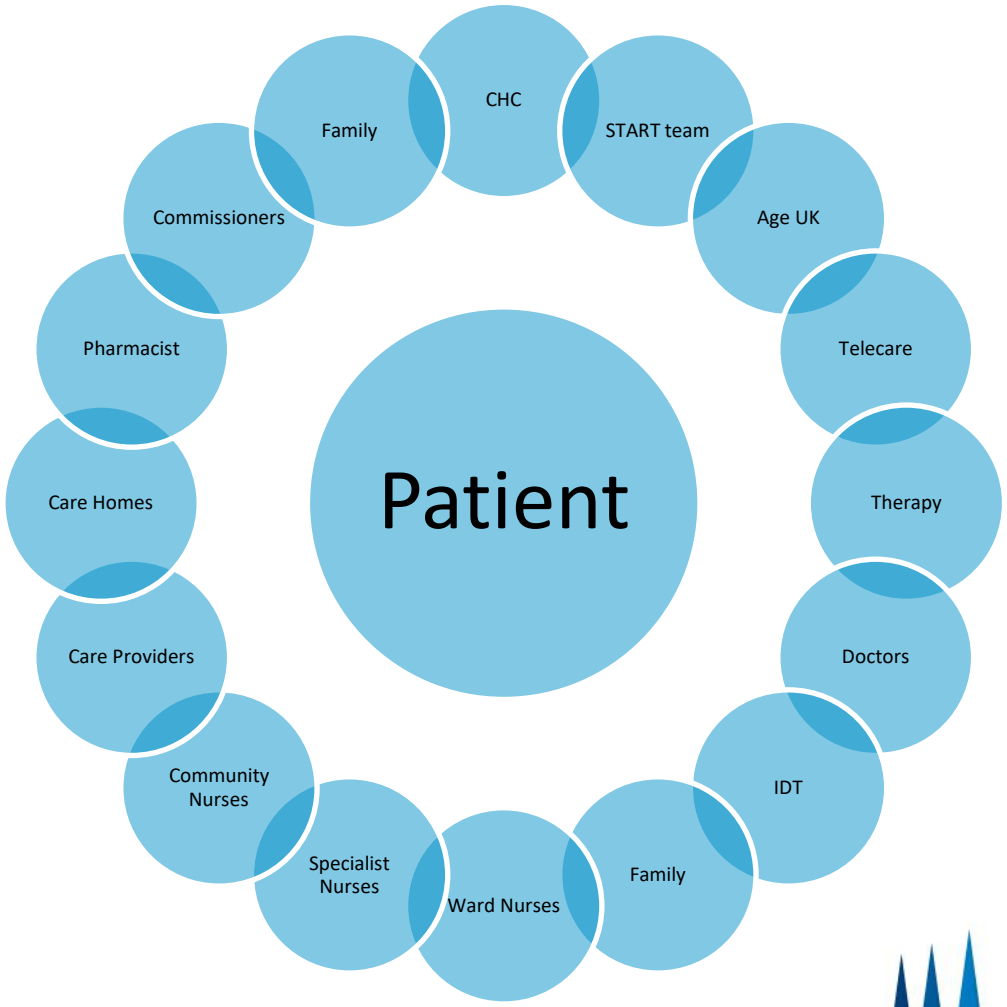
Home Help Residential care Nursing Home EMI

Age concern Supported living Reablement

STSMI Discharge to assess Third provider

Family support Alone

Who needs to be involved?



What does that mean

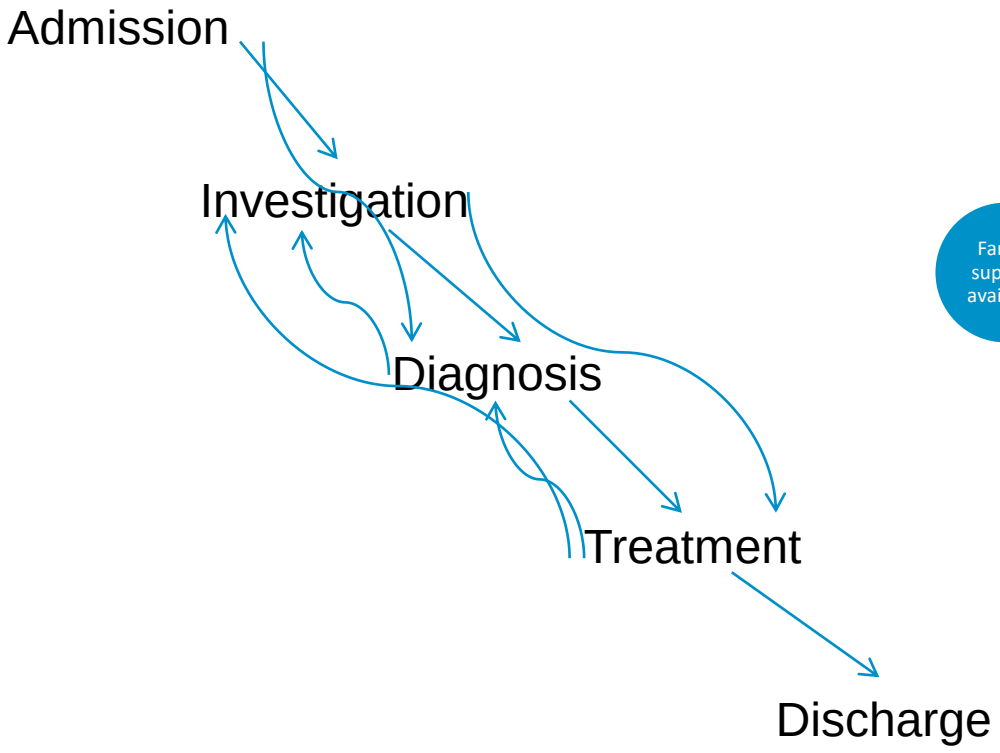
- Discharge is complicated
- Discharge is a process
- Discharge is multi disciplinary dependent with inter-dependent stages
- We/I are/am obsessed by it!!

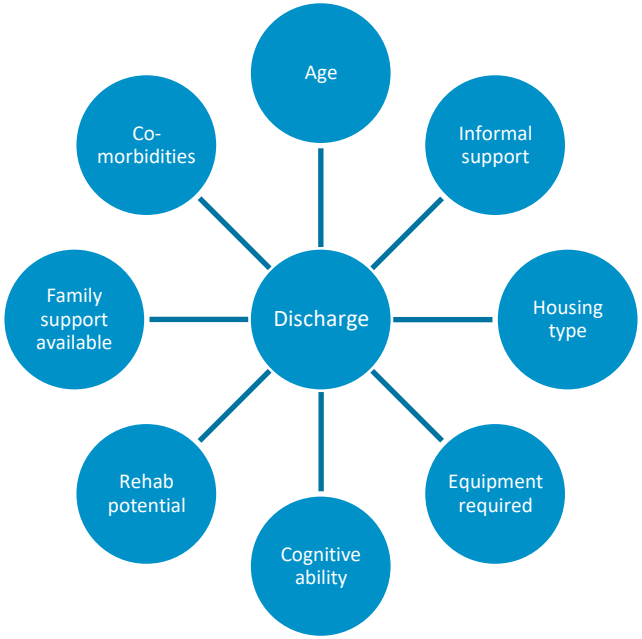
What do we expect from our staff?

- Communication – patient, family and team
- Discharge discussion begins on (or before) admission
- Clear written and discussed plans including discharge date
- No unnecessary interventions
- Team work on ward rounds and at board rounds
- Planning for and completing tasks in advance of discharge

Why isn't the process simple?

- Admission > Investigation > Diagnosis > Treatment > Discharge is not a linear process with multiple dependent variances





Discharge IS part of treatment

- Leaving hospital is dependent on many factors being achieved timely and overlaps with other stages of a patient's care pathway

What did we do?

- We had the infrastructure in place but it was disjointed

Think LEAN

- Find a system that replaces and enhances what is already in place
- Find a system that would enable bed management
- Find a system that had clinical opportunities

Our new ‘Board’

Filters: Consultant | UHCW | Ward 33 Gastro

Sort By: Room / Bay Name | Page 1 | Page 2 | 12

R2G	Room	Bed (20/4/0)	Patient	Consultant	Hosp LoS	Ward LoS	Alerts	NEWS	Expected D.D.	TTO	Tran-sport	Trans-fer	Clinical Quality	Patient Referral	Acu-ity	Mobi-lity	Notes
	Waiting Area	0 Transfers 0 TCI															
2	Area 2 Bay A	Bed 27		Dr B Disney (Gastroenterology)	17/07 2	18/07 1		2 ⇊	EDD: 21/07/17 DST: Check... 2			I E S U	FALLS MUST VTE TISSUE		0	0	
0	Area 2 Bay A	Bed 28		Dr B Disney (Gastroenterology)	06/07 13	16/07 3		0 ⇊	EDD: 20/07/17 DST: Check... 1	Inform Dr	Check transport	I E S U	FALL MUST VTE TISSUE	IDT	1b	2	
2	Area 2 Bay A	Bed 29	...	Prof C Nwokolo (Gastroenterology)	23/06 26	28/06 21		2 ⇈	EDD: 20/07/17 DST: Check... 1	Inform Dr	Check transport	I E S U	FALL MUST 1ST DONE VTE TISSUE	PT	0	0	
1	Area 2 Bay A	Bed 30	Transfer From W30	Dr N Burch (Gastroenterology)	12/07 7	18/07 1		1 ⇊	EDD: 19/07/17 DST: Check... 0	Inform Dr		I E S U	FALL MUST VTE TISSUE		0	0	
2	Area 2 Bay B	Bed 33		Dr S Darlow (Gastroenterology)	17/07 2	17/07 2		0 ⇊	EDD: 22/07/17 DST: Check... 3			I E S U	FALLS MUST VTE TISSUE		0	0	
2	Area 2 Bay B	Bed 34	FT	Dr D Loft (Gastroenterology)	16/07 3	16/07 3		1 ⇊	EDD: 20/07/17 DST: Check... 1	Inform Dr	Check transport	I E S U	FALL MUST VTE TISSUE		0	0	
2	Area 2 Bay B	Bed 35		Dr N Burch (Gastroenterology)	12/07 7	15/07 4		0 ⇊	EDD: 21/07/17 DST: Check... 2	Inform Dr	Check transport	I E S U	FALL MUST VTE TISSUE	PT	0	0	
4	Area 2 Bay B	Bed 36		Prof C Nwokolo (Gastroenterology)	29/06 20	04/07 15		1 ⇌	EDD: 20/07/17 DST: Check... 1	Inform Dr	Check transport	I E S U	FALL MUST VTE TISSUE		0	2	
1	Area 2 Siderooms	Bed 26		Dr D Loft (Gastroenterology)	04/07 15	05/07 14		3 ⇊	EDD: 19/07/17 DST: Check... 0	Inform Dr		I E S U	FALL MUST VTE TISSUE	PT IDT	0	0	
1	Area 2 Siderooms	Bed 31		Prof C Nwokolo (Gastroenterology)	15/06 34	16/06 33		2 ⇊	EDD: 30/07/17 DST: Check... 11	Inform Dr	Check transport	I E S U	FALL MUST 2ND DONE VTE TISSUE	NUT	1b	0	
1	Area 2 Siderooms	Bed 32		Dr N Burch (Gastroenterology)	29/06 20	05/07 14		4 ⇈	EDD: 21/07/17 DST: Check... 2	Inform Dr	Check transport	I E S U	FALL MUST VTE TISSUE		0	0	
2	Area 2 Siderooms	Bed 37		Prof C Nwokolo (Gastroenterology)	25/06 24	26/06 23		0 ⇊	EDD: 22/07/17 DST: Check... 3	Inform Dr	Check transport	I E S U	FALL MUST 1ST DONE VTE TISSUE	OT DC IDT	1b	2	

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More than just a board

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UHCW Bed Management

Wednesday
13 September 2017 08:14

UHCW - Bed Management

Admitted so Far: 0

Unscheduled Predictor: 109

Today: Available Beds 19 + EDDs Today 102 − Electives Still to Come In 17 − Unscheduled Still to Come In 109 = Beds at Midnight -5

Tomorrow: Available Beds -5 + EDDs Tomorrow 95 − Electives Tomorrow 23 − Unscheduled Predictor 0 = Beds at Midnight 67

Capacity Wards

Ward	MFFD	EDD Today (and Confirmed)			EDD Tomorrow			Beds Available				Base 2				Bed Capacity (Total)	Beds Open (Total)	Closed Beds (Total)	WA		Elective Admissions Today			Elective Admissions Tomorrow		
		M	F	SR	M	F	SR	M	F	SR	U	M	O	S	N				In	Out	M	F	SR	M	F	SR
Ward / Specialty: Acute & Emergency Medicine																										
12 - AMU1	0	0	0	0	0	0	0	0	2	0	1	37	0	0	0	34	34	0	9	0	0	0	0	0	0	0
2 AMU2 Short Stay	0	1 (0)	0	1 (0)	0	0	0	0	0	0	0	0	0	0	0	12	12	0	0	0	0	0	0	0	0	0
AMU3	4	1 (0)	2 (0)	0	6	5	0	0	0	0	0	0	0	0	0	26	26	0	1	1	0	0	0	0	0	0
Ward 12 OBS	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0	17	17	0	14	0	0	0	0	0	0	0
Ward / Specialty: Cardiac & Respiratory & Spec Med																										
Coronary Care Unit	0	1 (0)	0	0	1	0	1	0	0	0	1	0	0	0	0	10	10	0	0	0	0	0	0	0	0	0
Ward 1	10	1 (0)	4 (0)	1 (0)	2	2	0	0	0	0	0	0	0	0	0	34	34	0	2	0	0	0	0	0	0	0

Board Level Overview
Hospital Level Overview
Discharges & Transfers
Bed Management
UHCW
St Cross
UHCW @Home
Patient Flow
Patient CQIs
Acuity and Mobility
Patient Demographics
Preferences

Last Refreshed: 13/09/2017 08:14:09 InfoView Framework Version: 1.1.3.5471

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Visualising flow

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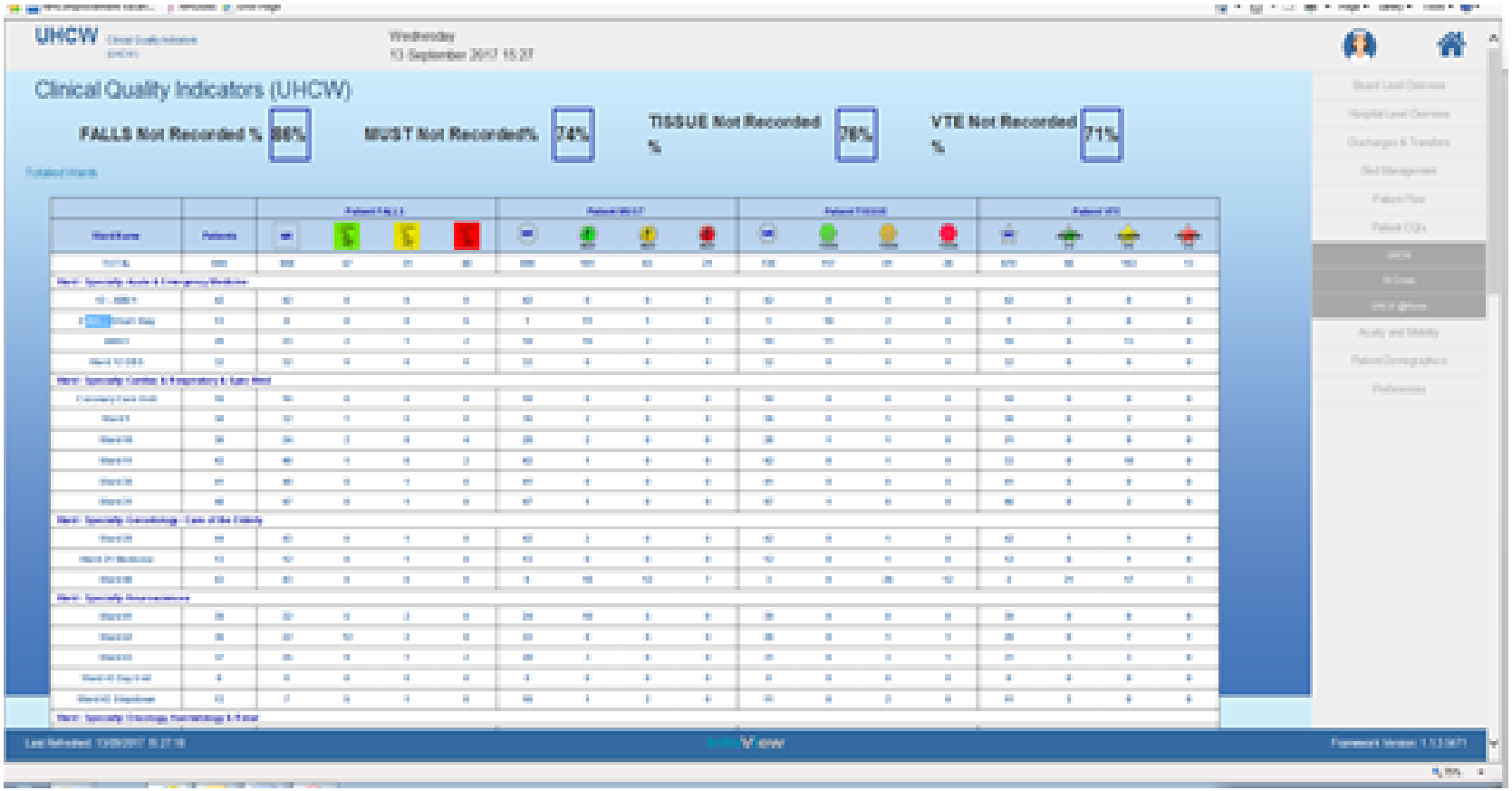
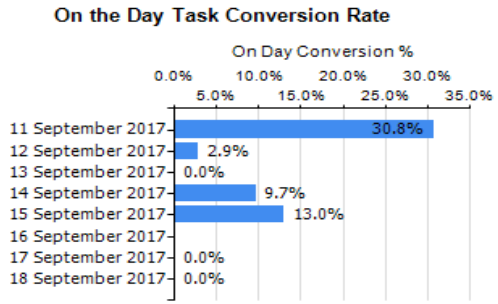
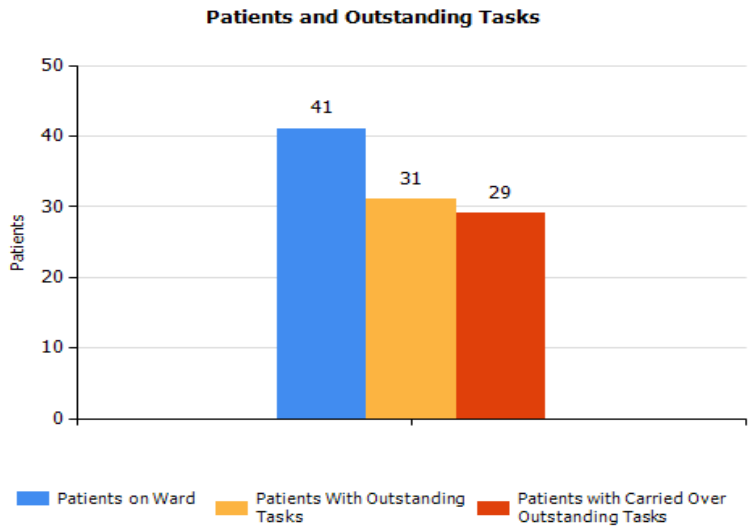
Where are our problems

Care quality indicators



Beginning to unblock constraints (enhancing Red 2 Green)





Task Name	Outstanding Tasks	Tasks Carried Over	Longest Wait (Days)
Medical Plan	21	21	48
Physio / OT	12	12	13
Speciality Review & Plan	5	5	11
IV Antibiotics	3	2	6
IDT Plan	2	2	4
Social Worker Assessment & Plan	2	2	13
TTOs	2	2	6
USS	2	2	5
Nursing Home Placement	2	2	5
Transport	1	1	3
Package of Care	1	0	0
CT	1	1	4
CTPA	1	1	4
Residential Home Placement	1	1	3
Equipment	1	1	3
CHC Assessment & Plan	1	1	4
Internal Transfer	1	1	3
Endoscopy	1	1	3
Total	60	58	48

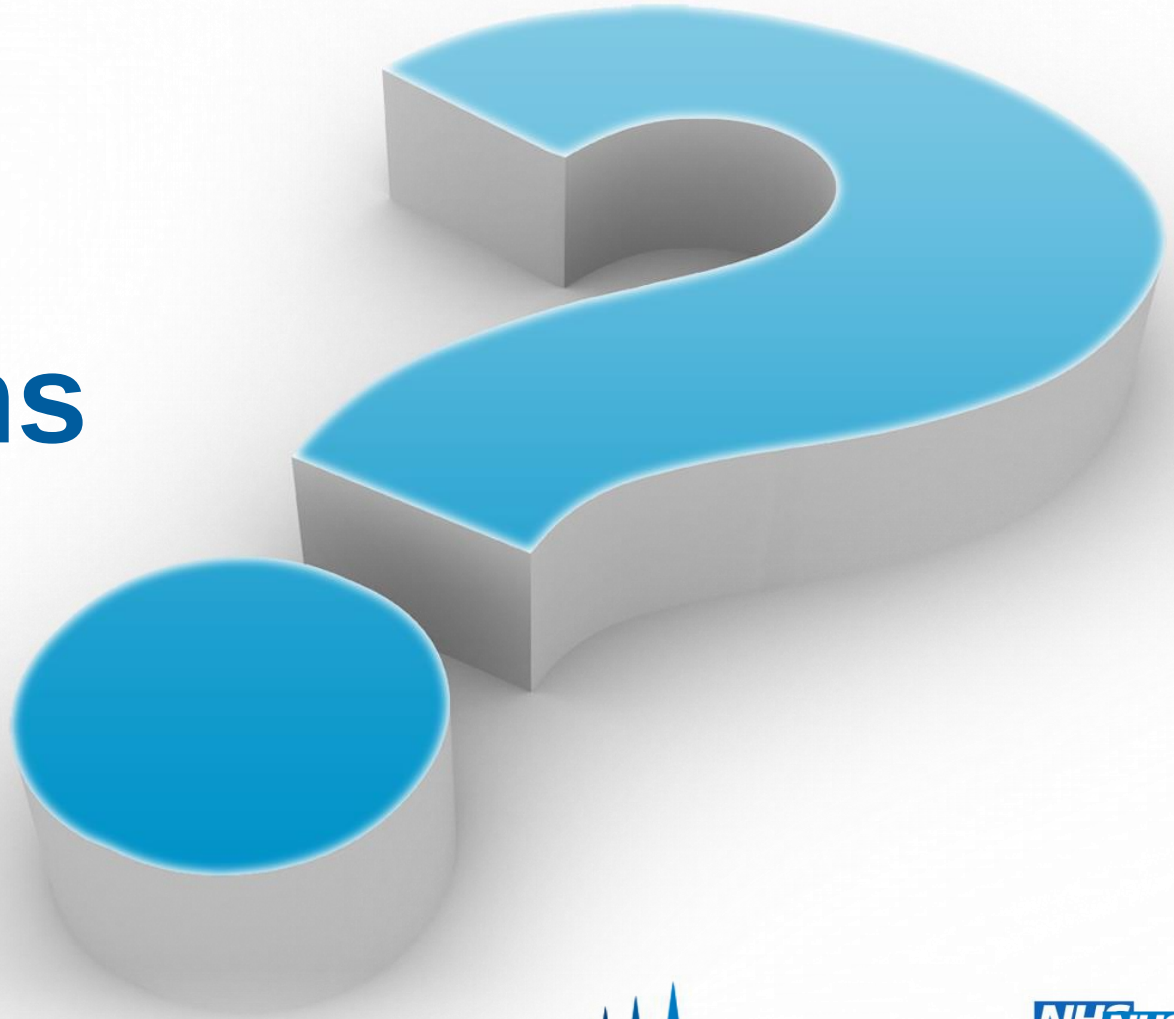
Results

KPI	Jan 17	Aug 17
Emergency Patient LOS	6.4	5.5
TTOs prior to discharge day	26.9%	33%
Discharge volume	4839	5298
KPI	**Worst**	**Best**
>7 day LOS (variable)	586	479
Discharges before midday (variable)	17.9%	20.6%

What next?

- ?

Questions



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